

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RESPONSE UNDER RULE 116
EXPEDITED HANDLING PROCEDURES

In re Patent Application of

HELLSTROM et al

Serial No. 10/578,848

Filed: May 10, 2006

Title: METHODS AND MEANS RELATING TO HEPATITIS B INFECTION



Atty MJW-620-438

Dkt. C# M#

ITC/A.U. 1648

Examiner: Kinsey White, N.E.

Date: July 20, 2009

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

 Correspondence Address Indication Form Attached.

Fees are attached as calculated below:

Total effective claims after amendment	0	minus highest number			
previously paid for	20	(at least 20) =	0	x \$52.00	\$0.00 (1202)/\$0.00 (2202) \$ 0.00

Independent claims after amendment	0	minus highest number			
previously paid for	3	(at least 3) =	0	x \$220.00	\$0.00 (1201)/\$0.00 (2201) \$ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add					
				\$390.00 (1203)/\$195.00 (2203)	\$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)					
				One Month Extension \$130.00 (1251)/\$65.00 (2251)	

				Two Month Extensions \$490.00 (1252)/\$245.00 (2252)	
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				Three Month Extensions \$1110.00 (1253)/\$555.00 (2253)	
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				Four Month Extensions \$1730.00 (1254)/\$865.00 (2254)	
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				Five Month Extensions \$2350.00 (1255)/\$1175.00 (2255)	\$ 130.00
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Terminal disclaimer enclosed, add				\$140.00 (1814)/ \$70.00 (2814)	\$ 0.00
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<input type="checkbox"/> Applicant claims "small entity" status.	<input type="checkbox"/> Statement filed herewith				
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Rule 56 Information Disclosure Statement Filing Fee				\$180.00 (1806)	\$ 0.00
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Assignment Recording Fee				\$40.00 (8021)	\$ 0.00
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Other:					\$ 0.00
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TOTAL FEE	\$ 130.00
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 CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

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MJW:tat

07/21/2009 AWONDAF1 00000018 10578848
NIXON & VANDERHYE P.C. ^{PT FC 1251} 130.00 OP
By Atty: Mary J. Wilson, Reg. No. 32,955

Signature: Mary J. Wilson